

APPROVED FOOD ESTABLISHMENT AGREEMENT

An “approved food establishment” possesses a valid Department of Health permit. It can serve as a support kitchen for another food establishment(s) (lunch wagon, cart, kiosk, meal serving site, etc.)

Name of Approved Food Establishment	Permit No.																											
Street Address	Phone No.																											
Owner Name (Corp., LLC, Partnership, Sole Owner, Other)																												
Operations conducted in the Establishment _____ Cold Storage _____ Dry Storage _____ Food Preparation (preparation, cutting, cooling, reheating, etc.) _____ Cleaning/Sanitizing of equipment and utensils _____ Servicing water systems (filling and disposal) _____ Other (list): _____ _____ _____																												
Days and Time of Usage:: <table border="0"><tr><td>Days:</td><td>(circle all that apply)</td><td>Sun</td><td>Mon</td><td>Tues</td><td>Wed</td><td>Thurs</td><td>Fri</td><td>Sat</td></tr><tr><td>Hours:</td><td>From:</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td></td><td>To:</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>		Days:	(circle all that apply)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours:	From:	_____	_____	_____	_____	_____	_____	_____		To:	_____	_____	_____	_____	_____	_____	_____
Days:	(circle all that apply)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat																				
Hours:	From:	_____	_____	_____	_____	_____	_____	_____																				
	To:	_____	_____	_____	_____	_____	_____	_____																				
Approved Food Establishment Use Authorized By: <table border="0"><tr><td>_____ Signature of Owner/Agent of Authority</td><td>_____ Date</td></tr><tr><td>_____ Print Name</td><td>_____ Title</td></tr></table>		_____ Signature of Owner/Agent of Authority	_____ Date	_____ Print Name	_____ Title																							
_____ Signature of Owner/Agent of Authority	_____ Date																											
_____ Print Name	_____ Title																											

FOOD ESTABLISHMENT USING THE ABOVE APPROVED FOOD ESTABLISHMENT

Name of Food Establishment	Permit No. (renewal only)
Owner Name (Corp., LLC, Partnership, Sole Owner, Other)	Phone No.
<div> <div>Signature of Owner/Agent of Authority</div> <div>Date</div> </div> <div> <div>Print Name</div> <div>Title</div> </div>	